

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
 Jul 29 1998 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P97000099058 (4)  
 1. Corporation Name  
 4 STAR PLUMBING, INC.



Principal Place of Business: 940 ELLER DRIVE FORT LAUDERDALE FL 33316  
 Mailing Address: 940 ELLER DRIVE FORT LAUDERDALE FL 33316

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24 25

2a. Mailing Address  
 26 4 Star Plumbing, Inc.  
 27 PO Box 350158  
 28 Ft. Laud., Fl.  
 29 33335 30

3. Date Incorporated or Qualified: 11/19/1997  
 4. FEI Number: 65-0795177 Applied For: Not Applicable  
 5. Certificate of Status Desired: \$8.75 Additional Fee Required  
 6. Election Campaign Financing: \$5.00 May Be Added to Fees  
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes  No

9. Name and Address of Current Registered Agent  
 FRANZONE, AUDREY  
 940 ELLER DRIVE  
 FORT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent  
 81 Name: Robert O'Brien  
 82 Street Address (P.O. Box Number is Not Acceptable): 13508 NW 7th Street  
 83  
 84 City: Plantation, FL 85 Zip Code: 33325

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of section 607.0505, Florida Statutes.  
 SIGNATURE: *Robert O'Brien* DATE: 7/14/98  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D/P	<input type="checkbox"/> DELETE
NAME	O'BRIEN, ROBERT	
STREET ADDRESS	13508 NW 7TH STREET	
CITY-ST-ZIP	PLANTATION FL 33325	
TITLE	V	<input type="checkbox"/> DELETE
NAME	Franzone, Audrey	
STREET ADDRESS	7855 NW 50th Street	
CITY-ST-ZIP	Lauderhill, Fl. 33351	
TITLE	T	<input type="checkbox"/> DELETE
NAME	Smith, Eric	
STREET ADDRESS	813 W. Plantation Circle	
CITY-ST-ZIP	Plantation, Fl. 33324	<input type="checkbox"/> DELETE
TITLE	S	<input type="checkbox"/> DELETE
NAME	Dubrow, Kenneth	
STREET ADDRESS	3825 NW 35th Street	
CITY-ST-ZIP	Coconut Creek, Fl. 33066	<input type="checkbox"/> DELETE
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Audrey Franzone O'Brien  
 7/15/98 (954)767-8999

CR2E034 (5/98)



License # CFC056908

A handwritten signature in black ink, appearing to be 'P&amp;J', is written in the upper right corner of the page.

PLUMBING, INC.  
P.O. Box 350158  
d/b/a 940 Eller Drive, Ft. Lauderdale, Fl 33335  
Phone: 954-767-8999 Fax: 954-767-0222

July 15, 1998

Florida Department of State  
Division of Corporations  
Annual Reports Filings  
PO Box 1500  
Tallahassee, Fl. 32302-1500

To Whom It May Concern:

Last week, July 6 or 7<sup>th</sup> we received your second notice of Annual Reports Filings. This is our first year in business, as you know and you have an incorrect mailing address for us. The address of 940 Eller Drive is our physical address, but the area we are located in, Port Everglades does not have any mail delivery. We do have a PO Box #350158, Ft. Lauderdale, Fl. 33335 where all of our mail goes. We fortunately received your 2<sup>nd</sup> notice and have filled out the paperwork and a check is enclosed. Also, I have changed our mailing address for these documents to Robert O'Brien, 13508 NW 7<sup>th</sup> Street, Plantation, Fl. 33316 as I see a PO Box is not acceptable.

I called to find out if we had any recourse to avoid the \$400.00 late filing fee and I spoke with Gina in your office. She was very helpful after I explained the problem we had in receiving the form and advised me to send in a check for \$150.00. She said our case would be brought up for discussion and we would be notified if any additional fees are required at this time.

Thank you for your help in this matter. I hope this letter properly explains our late filing to your satisfaction.

Very truly yours,

A handwritten signature in black ink, reading 'Audrey Franzone', is written in the lower left area of the page.

Audrey Franzone  
Vice President